

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street)

P.O. Box 4449

☐Check if different
than previously
reported. (ACC)

Cary

NC

27519

4449

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00194647

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Suzanne Coker

Signature of Treasurer

Electronically Filed by Ms. Suzanne Coker

Date

07

26

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		79734.80
(b) Cash on Hand at Beginning of Reporting Period	79734.80	
(c) Total Receipts (from Line 19)	52049.33	52049.33
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	131784.13	131784.13
7. Total Disbursements (from Line 31)	48084.12	48084.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	83700.01	83700.01
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14155.60	14155.60
(ii) Unitemized	37873.20	37873.20
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	52028.80	52028.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	52028.80	52028.80
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	20.53	20.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	52049.33	52049.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52049.33	52049.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		47800.00	47800.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	0.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		284.12	284.12
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		48084.12	48084.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		48084.12	48084.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	52028.80	52028.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52028.80	52028.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Mr. Linwood Jones
Mailing Address Post Office Box 4449

City State Zip Code
Cary NC 27519-4449

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina Hospital
Association

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 0 7

Transaction ID: 13547923

Amount of Each Receipt this Period

480.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert J Bednarek
Mailing Address Box 1116

City State Zip Code
Brevard NC 28712-1116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transylvania Community Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 7

Transaction ID: 14003661

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
Mr Jim Tobalski
Mailing Address 2085 Frontis Plaza Boulevard

City State Zip Code
Winston Salem NC 27103-5614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Novant Health

Occupation
Senior Vice President Marketing and Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 7

Transaction ID: 14003663

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. David O Rice

Mailing Address 262 Leroy George Drive

City State Zip Code
 Clyde NC 28721-7430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haywood Regional Medical
Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 5 / 2 0 0 7

Transaction ID: 14003667

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mr. R Timothy Rice

Mailing Address 1200 North Elm Street

City State Zip Code
 Greensboro NC 27401-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moses Cone Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 5 / 2 0 0 7

Transaction ID: 14003669

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Ms. Sharon M Tanner

Mailing Address P O Box 1587

City State Zip Code
 Elizabeth City NC 27906-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albemarle Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 14003709

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)

Mr. Dave C McRae

Mailing Address P O Box 6028

City State Zip Code
 Greenville NC 27835-6028

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Health Systems
of Eastern C

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: 14003773

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)

Mr. Dennis R. Barry

Mailing Address 3911 Brass Cannon Ct.

City State Zip Code
 Greensboro NC 27410-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moses Cone Health System

Occupation
CEO Emeritus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: 14003779

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)

Mr. Joseph F Damore

Mailing Address 509 Biltmore Avenue

City State Zip Code
 Asheville NC 28801-4690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mission Hospitals

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: 14003899

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Richard E Hudson, , FACHE

Mailing Address 1705 Tarboro Street, SW

City State Zip Code
 Wilson NC 27893-3428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilson Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: 14003901

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mr. Len B Preslar

Mailing Address Medical Center Boulevard

City State Zip Code
 Winston Salem NC 27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina Baptist Ho-
spital (Wake

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 7

Transaction ID: 14021533

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mr Paul S Franz

Mailing Address P O Box 32861

City State Zip Code
 Charlotte NC 28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare Syst-
em

Occupation
Executive Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 7

Transaction ID: 14021545

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial) Mr. Paul M Wiles		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 2085 Frontis Plaza Boulevard		
City	State	Zip Code
Winston Salem	NC	27103-5614
FEC ID number of contributing federal political committee.		Transaction ID: 14047684
Name of Employer Novant Health		Amount of Each Receipt this Period 400.00
Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Mr. Gregory J Beier		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 3333 Silas Creek Parkway		
City	State	Zip Code
Winston Salem	NC	27103-3013
FEC ID number of contributing federal political committee.		Transaction ID: 14047686
Name of Employer Forsyth Medical Center		Amount of Each Receipt this Period 400.00
Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Ms. Jacque D. Gattis		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 5095 Seven Hills Rd.		
City	State	Zip Code
Pfafftown	NC	27040-9784
FEC ID number of contributing federal political committee.		Transaction ID: 14047720
Name of Employer Novant Health		Amount of Each Receipt this Period 400.00
Occupation Senior VP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Wayne F Shovelin

Mailing Address P O Box 1747

City

Gastonia

State

NC

Zip Code

28053-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gaston Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 14099607

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Ms. Millie Harding

Mailing Address 1113 Pearson Farms Road

City

Apex

State

NC

Zip Code

27502-6741

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina Hospital
Association

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 14099609

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey S Miller

Mailing Address P O Box HP-5

City

High Point

State

NC

Zip Code

27261-1899

FEC ID number of contributing
federal political committee.

C

Name of Employer
High Point Regional Health
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 7

Transaction ID: 14117534

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)

Mr. Steve Lawler

Mailing Address 3905 Cantata Dr.

City State Zip Code
 Greenville NC 27858-6066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pitt County Memorial Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 0 7

Transaction ID: 14122942

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)

Mr. Gary R. Bowers

Mailing Address 24 Crooked Oak Ct.

City State Zip Code
 Hendersonville NC 28791-9078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western NC Health Network

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 7 / 2 0 0 7

Transaction ID: 14140596

Amount of Each Receipt this Period

260.00

C. Full Name (Last, First, Middle Initial)

Mr. William S Clark

Mailing Address 209 Fuller Street

City State Zip Code
 Whiteville NC 28472-2715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus County Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 7

Transaction ID: 14157450

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Dr. William J Fulkerson, M.D.
Mailing Address 815 Pleasant Green Rd.

City State Zip Code
Hillsborough NC 27278-7805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke University HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	7	/	2	0	0	7

Transaction ID: 14161989

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard Lang, MD.
Mailing Address 2903 Bald Creek Road

City State Zip Code
Clyde NC 28721-7770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haywood Regional Medical
CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	7

Transaction ID: 14173642

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
Mr. Carl S. Armato
Mailing Address 12521 Preservation Pointe Dr.

City State Zip Code
Charlotte NC 28216-6735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian HospitalOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	7

Transaction ID: 14173648

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial) Dr. William K Atkinson, , Ph.D. Mailing Address 309 Cambridge Woods Way City Raleigh State NC Zip Code 27608-1036 FEC ID number of contributing federal political committee. C Name of Employer WakeMed Raleigh Campus Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 7 Transaction ID: 14177753 Amount of Each Receipt this Period 400.00
B. Full Name (Last, First, Middle Initial) Mr. John G Currin, Jr. Mailing Address 211 Travis Lane City Gibsonville State NC Zip Code 27249-3304 FEC ID number of contributing federal political committee. C Name of Employer Alamance Regional Medical Center Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7 Transaction ID: 14190528 Amount of Each Receipt this Period 400.00
C. Full Name (Last, First, Middle Initial) Mrs Phyllis Wingate-Jones Mailing Address 5522 Challis View Ln. City Charlotte State NC Zip Code 28226-2682 FEC ID number of contributing federal political committee. C Name of Employer Carolinas Medical Center-Mercy Occupation President, CMC-Mercy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7 Transaction ID: 14237965 Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Ms. Kathryn E. Heilig

Mailing Address 5404 Earle Road

City State Zip Code
 Raleigh NC 27606-9200

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina Hospital
Association

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 7

Transaction ID: 14246672

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Ln.

City State Zip Code
 Huntersville NC 28078-6489

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Medical Center-
University

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 7

Transaction ID: 14246674

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Frederick G Thompson, , Ph.D.

Mailing Address 127 Trexler Dr.

City State Zip Code
 Wadesboro NC 28170-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anson Community Hospital

Occupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 7

Transaction ID: 14246692

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)

Ms Deborah G Friberg

Mailing Address 917 Welland Ct.

City State Zip Code
 Raleigh NC 27614-9083

FEC ID number of contributing
federal political committee.

C

Name of Employer
WakeMed Raleigh Campus

Occupation
Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 7

Transaction ID: 14246694

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)

Mr. Rick Parker

Mailing Address 150 Dove Lane

City State Zip Code
 Salisbury NC 28147-7844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rowan Regional Medical Ce-
nter

Occupation
VP, Clinical & Support Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 7

Transaction ID: 14246698

Amount of Each Receipt this Period

214.00

C. Full Name (Last, First, Middle Initial)

Mr Dean Swindle

Mailing Address 2850 Bitting Road

City State Zip Code
 Winston Salem NC 27104-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Novant Health

Occupation
Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 8 / 2 0 0 7

Transaction ID: 14265998

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1014.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Jimm Bunch

Mailing Address 21 Bainbridge Ct.

City State Zip Code
 Arden NC 28704-9601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Ridge Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.60

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 2 / 2 0 0 7

Transaction ID: 14276039

Amount of Each Receipt this Period

261.60

Full Name (Last, First, Middle Initial)

B. Kami Anderson

Mailing Address 1620 Goley Hewett Rd. #304

City State Zip Code
 Bolivia NC 28422-8254

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Arthur Doshier Memorial
Hospital

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 2 / 2 0 0 7

Transaction ID: 14276043

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mr. Charles T. Frock

Mailing Address PO Box 5109

City State Zip Code
 Pinehurst NC 28374-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer
FirstHealth of the Caroli-
nas

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 0 7

Transaction ID: 14284510

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1061.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

Mr. Gary L Park

Mailing Address 409 Meadowmont Lane

City

Chapel Hill

State

NC

Zip Code

27517-8134

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of North Carol-
ina Hospitals

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 7

Transaction ID: 14284512

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

14155.60

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 20

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. AHAPAC

Mailing Address 325 Seventh Street, NW

City
Washington

State
DC

Zip Code
20004

Purpose of Disbursement
Transfer to AHAPAC

Candidate Name

008
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 13620869

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2007

Amount of Each Disbursement this Period

47800.00

Transfer to AHAPAC

SUBTOTAL of Disbursements This Page (optional)

47800.00

TOTAL This Period (last page this line number only)

47800.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14386846

Date of Disbursement

06 / 21 / 2007

Amount of Each Disbursement this Period

50.48

Bank Fees

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14386853

Date of Disbursement

06 / 21 / 2007

Amount of Each Disbursement this Period

44.70

Bank Fees

SUBTOTAL of Disbursements This Page (optional) ►

95.18

TOTAL This Period (last page this line number only) ►

95.18